



1713
#10
3/4
8/2/3

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number **10/023,265**
Filing Date **December 18, 2001**
First Named Inventor **Rex E. Murray**
Group Art Unit **1713**
Examiner Name **Harlan, Robert D.**
Attorney Docket Number **2000U057.US**

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Total Number of Pages in This Submission **3**

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response
Response to Restriction Requirement
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Extension of Time Request
One-Month | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority Documents) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application | <input type="checkbox"/> Terminal Disclaimer | <u>Return Postcard</u> |
| <input type="checkbox"/> Response to Missing Parts | <input type="checkbox"/> Request for Refund | |

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
Or
Individual name **Osborne K. McKinney** Registration No. **40,084**
Signature
Date **August 8, 2003**

CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Honorable Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Aug 8, 2003

Typed or printed name **Osborne K. McKinney**
Signature Date **August 8, 2003**